## Oglethorpe Presbyterian Preschool and PMO Registration Request 2019 - 2020

Date:							
Child Name:		_Sex:	D.0	D.B.:			
Child Name:		_ Sex:	D.0	D.B.:			
Parent/Guardian Name(s):		_ &					
Phone Number(s): c)	_c)		h	)			
Email 1:	Email 2:						
Home Address:		Zip Code:					
Please indicate the class(es) you are interpreferences by numbering in order of PMO (check one)				nark <i>or</i>	<sup>,</sup> prioritiz	ze	
Infants/Young Toddlers (Circle 1	1 or 2 days)	Mon.	Tues.	Wed.	Thurs.	Fri.	
Toddlers(Circle 2	2 days)	Mon.	Tues.	Wed.	Thurs.	Fri.	
Preschool (check one) Two's (Tues/Thurs) 9:00-12:00 Two's (Mon/Wed/Fri) 9:00-12:00 Three's (Mon/Wed/Fri) 9:00-12:00 Three's (Mon-Fri) 9:00-12:00 (Pre-K) Four's (Mon-Fri) 9:00-1:00 (TK/Kindergarten) Five's (Mon-Fri) 9:00 Children are placed in classes	based on	their			_		
Office use only  Date form received Class Name Paid registration Date Amount Check #	Confirm Comput	ıation sei	ıt				